

APPLICATION TO **CORRECT A**
MICHIGAN DEATH RECORD

(This form to be used by Next-of-Kin or Funeral Licensee only)

PLEASE READ AND FOLLOW INSTRUCTIONS

For additional information:

Vital Records Changes

(517) 335-8660 Mon-Fri 8:00 am - 5:00 pm ET

MAIL APPLICATION AND PROPER FEE TO:

Vital Records Changes

P.O. Box 30721

Lansing MI 48909

PERSON REQUESTING CORRECTION		PLEASE PRINT CLEARLY AND LEGIBLY									
Please provide your name and complete mailing address to mail the new record to you, and a phone number to contact you if there are questions regarding this request.											
Person Requesting Correction:											
Mailing Address:											
City, State, Zip Code:											
Daytime phone to contact you:	Area Code and Number						-				

ELIGIBILITY
Please check the applicable category for requesting a correction to a Michigan death record:
<input checked="" type="radio"/> Funeral Service licensee
<input checked="" type="radio"/> Next-of-kin of the deceased person named on the record. You must specify your relationship to the decedent: _____

REQUIRED DOCUMENTATION		
Almost all corrections require supporting documentary evidence. Types of supporting documents that are usually acceptable are listed below. Corrections to certain information such as names, marital status, date of birth and other key items are subject to very specific evidentiary requirements and the required documentation may vary. If you have specific questions or need more information, you may call the Changes Unit at (517) 335-8660 .		
Hospital records	Birth records	Divorce records
Social Security Administration documents	Funeral Director records	Marriage records
Insurance documents	Court documents	Military records
Please list below the documentary evidence you are submitting to make the correction requested:		
1. _____		
2. _____		
3. _____		
4. _____		
Documentation will be returned to you with the corrected record.		

CHANGES REQUESTED	
ITEM IN ERROR	INFORMATION AS IT SHOULD APPEAR

DECEDENT'S INFORMATION	
NAME OF DECEDENT (First, Middle, Last)	DATE OF DEATH (Month, Day, Year)
PLACE OF DEATH (City and County)	GENDER <div> <input type="checkbox"/> Male <input type="checkbox"/> Female </div>

A SIGNATURE IS REQUIRED TO PROCESS THE APPLICATION	
K Signature of Person Requesting Correction:	Date:

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan vital record may be fined not more than \$1,000 and/or imprisoned not more than one (1) year. MCL 333.2894(1)(b) and (c).

PAYMENT - The fee for correcting a Michigan death record is \$26.00 and includes one copy of the record with the corrections made. Additional copies of the new record are available for \$5.00 each when ordered at the same time. Payment must be made by check or money order and made payable to the "State of Michigan."		
Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$26.00	\$ 26.00
_____ Additional Certified Copies	\$ 5.00 Each	\$
TOTAL ENCLOSED:		\$